DISPOSAL PICK UP. State of California—Health and Welfare Agency 12/19/86 Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Department of Health Services Toxic Substances Control Division Secramento, California WASTE MANIFEST 1. Generator's US EPA ID No. 3. Generator's Name and Mailing Address IAI D9 181 16 16 145 171 Manifest City of Whittier 2. Page 1 Document No. Information in the shaded areas is not required by Federal 12016 Hadley St., Whittier, CA 4. Generator's Phone (213) 945-8294 86544023 5. Transporter 1 Company Name Omega Recovery Services CAD981664576 7. Transporter 2 Company Name US EPA ID Number C. State Transporter's ID 701 41 22 145 10 101 D. Transporter's Phone 2137698 Designated Facility Name and Site Address Omega Recovery Services E State Transporter's ID 12504 E. Whittier Blvd. F. Transporter's Phone US EPA ID Number Whittier, CA 90602 G State Facility ID CAD042245001 AP 0 42 24 5 001 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) H. Facility's Phone 213/698-0991 Waste Flammable Liquid NOS (Paint thinner) Total Quantity Unit Wt/Vo UN 1993 Waste No. Flammable Liquid OOP HAZArdous Solid NO.S NA9189 701 J. Additional Descriptions for Materials Listed About A. PRINT + THINNER /C. PRINT (SOLID) K. Handling Codes for Wastes Listed Above 15. Special Handling Instructions and Additional information LABELS NEEDED. CALL DON RAMIREZ TO ADVISE TIME OF PICK UP. 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. according to applicable international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I minimizes the present and future threat to human health and the environment.

Printed/Typed/Name

Worth Day Veri 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Month Day 11212121816 Signature 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature 19. Discrepancy Indication Space Month Day 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. DHS 8022 A (11/85) (EPA 8700-22) Month Day 11243

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS To PO Box 3000, Sacramento CA 95812